REDACTED - FOR PUBLIC INSPECTION Rate Floor Data

FORMAT OF	RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986											
Corties Study Area Code	Block 1 - Contact Information											
Carrier Study Area Name	ROW#	DATA ELEMENT			REQUESTED		RESPONSE					
Service Provider Identification Number	_ 1	Carrier Study Area	Code		6 numeric digits	280458						
Residential Local Service Charge Effective Date	2	Carrier Study Area	Name		alpha characters	CenturyTel - N. Mi	ss					
S	3	Service Provider Id	entification Number		9 numeric digits	143001613						
Contact Telephone Number (include area code)	4	Residential Local S	Service Charge Effec	tive Date	mm/dd/yyyy	6/1/2015						
Total Number of Sheets	5	Contact Name			alpha characters	Kenneth W. Bucha	n					
Total Number of Sheets	6	Contact Telephone	Number (include ar	ea code)	9 numeric digits	(318) 362-1538						
Service Charge State Subscriber Column 2 State Universal Service Charge Service C	7	Sheet number			numeric digit(s)	1						
Column 1 Residential Local Service Charge	8	Total Number of Sheets			numeric digit(s)	1						
10 \$ 17.13 NA		Residential Local	Column 2 State Subscriber	Column 3 State Universal	Column 4 Mandatory Extended Area	Column 5	ne Gounts					
10 \$ 17.13 NA		6 47.42	NA.	NA	NA.							
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data											
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.											
Name of Reporting Carrier: CenturyTel of North Mississippi, Inc.											
Signature of authorized officer Date 6/1/1/5											
Printed name of authorized officer David D. Cole											
Title or position of authorized officer Executive Vice President of Operations Support and Controller											
Telephone number of authorized officer: (318) 388 -9000, ext											
Study Area Code of Reporting Carrier	280458	Filing Due Date for this form (mm/dd/yyyy)	7/1/2015								